



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2004

2004
FORM
MO-CRP

• Read instructions. • Print or type.
Failure to provide landlord information will result in denial or delay of your claim.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.				
2. NAME			3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN					
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)			LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)					
CITY, STATE, AND ZIP CODE			4. LANDLORD'S PHONE NUMBER					
5. RENTAL PERIOD DURING YEAR		FROM: MONTH	DAY	YEAR	TO: MONTH	DAY	YEAR	
			215	2004		216	2004	
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid.						6	217	00
7. Check the appropriate box and enter the corresponding percentage on Line 7.								
218 A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% 219 B. MOBILE HOME LOT — 100% 220 C. BOARDING HOME / RESIDENTIAL CARE — 50% 221 D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% 222 E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% 223 F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) 224 G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <u>Additional persons sharing rent/percentage to be entered:</u> 225 1 (50%) 226 2 (33%) 227 3 (25%)						7	228	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.						8	229	00

MO 860-1089 (11-2004)

For Privacy Notice, see the instructions.



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5. RENTAL PERIOD DURING YEAR		FROM: MONTH	DAY	YEAR	TO: MONTH	DAY	YEAR	
			230	2004		231	2004	
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid.						6	232	00
7. Check the appropriate box and enter the corresponding percentage on Line 7.								
233 A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% 234 B. MOBILE HOME LOT — 100% 235 C. BOARDING HOME / RESIDENTIAL CARE — 50% 236 D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% 237 E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% 238 F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) 239 G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <u>Additional persons sharing rent/percentage to be entered:</u> 240 1 (50%) 241 2 (33%) 242 3 (25%)						7	243	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.						8	244	00

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